

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | |
|---|-----------------------------------|---|----------------|------------------|--|--|----|--|--|--|
| 1 Date of Request: <u>9/8/05</u> | | 2 Serial/Patent # <u>09/144 579</u> | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | |
| | Filing | | | \$ | | | | | | |
| | Amendment | | | \$ | | | | | | |
| | Extension of Time | | | \$ | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | |
| | Petition | | | \$ | | | | | | |
| | Issue | | | \$ | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | |
| | Maintenance | | | \$ | | | | | | |
| | Assignment | | | \$ | | | | | | |
| <input checked="" type="checkbox"/> | Other <u>RCE fee</u> | <u>21</u> | <u>9/16/03</u> | \$ <u>750.00</u> | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ <u>750.00</u> | | | | | | |
| 10 REASON: | | 8 TO BE REFUNDED BY: | | | | | | | | |
| Overpayment | | Treasury Check | | | | | | | | |
| Duplicate Payment | | Credit Deposit A/C #: | | | | | | | | |
| No Fee Due (Explanation): | | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> | | | | | -- | | | |
| | | -- | | | | | | | | |
| <u>Improper RCE since prosecution had not closed, so we need to refund back to the credit card.</u> | | | | | | | | | | |
| 11 REFUND REQUESTED BY: <u>R. Bacaris</u> | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>FIDICKS</u> | | TITLE: <u>Petition Exp</u> | | | | | | | | |
| SIGNATURE: <u>[Signature]</u> | | PHONE: <u>571 272 3218</u> | | | | | | | | |
| OFFICE: <u>H7/00</u> | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | |
| APPROVED: <u>[Signature]</u> | | DATE: <u>9/20/05</u> | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**